

Gian Healthcare Ltd

# Gian Healthcare

## Inspection report

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Date of inspection visit:  
06 April 2017  
11 April 2017  
12 April 2017

Date of publication:  
07 June 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was the first inspection of Gian Healthcare since they registered with the Care Quality Commission (CQC) on 10 April 2015.

This inspection took place on 6, 11 and 12 April 2017. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

Gian Healthcare is a Domiciliary Care service that is registered to provide personal care and support to people who live in their own home. At the time of this inspection there were no domiciliary care clients receiving a service. Since the service registered in April 2015 they had provided a service to two domiciliary care clients. However they were providing care staff to Manchester City Council (MCC) to cover shifts in their supported accommodation service which is owned by MCC.

When we visited the service there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staff induction, staff supervision and the lack of formal systems to assess and monitor the standard and quality of service delivered to people. The registered manager and the director were responsive to our feedback and told us they were committed to further improving the service delivered to people by Gian Healthcare.

We were told that newly employed staff undertook an induction process. However this process was not formally recorded so there was no evidence to support the statement.

We saw records that indicated not all staff had received regular supervision or that those staff employed over twelve months had received an annual appraisal to help make sure they were carrying out their duties safely and effectively.

Due to the shortfalls found during this inspection process the quality assurance processes needed to be

further developed because the quality systems in place had not been robust enough to identify the issues found during this inspection.

The registered manager and the director understood their legal obligation to inform the Care Quality Commission of any reportable incidents that had occurred at the service.

There were no domiciliary clients at the time of the inspection which meant that we were unable to check and review if there were accurate recordings of medication administration. However we did see that staff had access to a medication administration policy and that medication administration training is included in the mandatory training, which we were told all staff must undertake prior to assisting anybody with their medication. We saw evidence of staff medication training and competency checks in staff files.

We were unable to check and review any support plans and risk assessments at the time of this inspection, as the service was not supporting any domiciliary care clients. Support plans and risk assessments direct staff members on how to provide safe care and support to people taking into account the person's personal preferences and encouraging independence. We found that the service had appropriate systems and documentation templates in place to develop care and support plans and risk assessments when the service next provided a domiciliary care service.

Those staff we spoke with understood their responsibilities to protect the wellbeing of the people who used the service and were clear about the action they would take if an allegation of abuse was made to them or if they suspected that abuse had occurred.

The service had good recruitment processes to ensure only suitable staff were employed.

Staff spoke with were able to explain the importance of and how they respected people's privacy and dignity.

There was a system in place for receiving, handling and responding to concerns and complaints.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Appropriate risk assessment documentation was in place ready to implement when the agency provided a domiciliary care service to people.

Suitable arrangements were in place to safeguard people from abuse.

Staff were trained in medicine administration and had their competency checked.

Robust recruitment processes were in place to protect people who used the service from the risk of unsuitable staff being employed.

Good 

### Is the service effective?

The service was not effective.

There was no evidence that newly employed staff had undertaken a formal induction process that prepares them for their role.

Not all staff had received regular supervision or an annual appraisal to help make sure they were carrying out their duties safely and effectively.

Requires Improvement 

### Is the service caring?

The service was caring

The relative of a former domiciliary client spoke positively about the attitude of the staff and the care received from staff.

We were told that staff were kind and respected people's privacy and dignity.

Good 

### Is the service responsive?

Good 

The service was responsive.

A complaints policy was in place and was included in the statement of purpose and service user guide.

Documentation to assess new domiciliary client's needs was in place to ensure the service could meet those individual needs.

### **Is the service well-led?**

The service was not always well-led

A manager registered with the Care Quality Commission was in post.

The quality assurance systems in place were not sufficiently robust to identify the issues and concerns we found during our inspection.

Staff spoke positively about the management of the service and felt appropriately supported.

**Requires Improvement** ●

# Gian Healthcare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 6, 11 and 12 April 2017 and was carried out by one adult social care inspector. In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) that the provider had completed in May 2016. This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We sought feedback from Manchester City Council who told us they did not have and concerns about the care staff provided. We considered this information as part of the planning process for this inspection.

During our inspection we spoke with the registered manager, a director of the service, an office based consultant and a senior consultant. Following our inspection visit to the service's office we spoke on the telephone with a relative of a former client and three care staff.

We also viewed a range of records about how the service was managed. These records included the recruitment files for five members of staff and the supervision, appraisal and training records for staff and records relating to the management of the service such as auditing records.

## Our findings

At the time of the inspection the service did not have any domiciliary clients so we were unable to look at any medicine administration records (MAR's), to check if there was an accurate record of medication administration or an appropriate support plan in relation to medication administration. However the registered manager and director gave assurances that each client would have an individual support plan relating to medication administration. In addition we were told all MAR's would be brought into the office on a monthly basis and would be checked on arrival into the office to ensure clients had received their medication as prescribed by their general practitioner (GP). We saw an audit tool had been developed ready for implementation when the service began to support domiciliary clients to check that people received their medication as prescribed..

We saw the service had a medication administration policy in place which included reporting medication errors, self-administration of medicines, safe storage of medication and safe disposal of medication.

Staff had received medication administration training that included a competency assessment to ensure they were competent to assist people with their medication. A relative of a former domiciliary client told us that "They [the care staff] administered medication with no problems."

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. Staff said that if they ever had any concerns about risks or issues about people's safety they would phone the office or the out of office emergency phone number for advice and support.

We spoke with a relative of a former client who told us they did not worry about their relative's safety and said "The carers were very, very good."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We could see from the training records that all staff had undertaken safeguarding adults training. There had been one allegation of abuse raised by the local authority since the service had been registered with the Care Quality Commission (CQC) in April 2015 and CQC had not been notified at the time. However during this inspection a notification was sent retrospectively. We saw that appropriate action had been taken by the service in response to the allegation made and the registered manager and director were aware of their responsibility to notify the Commission without delay if any allegations of abuse were made.

There was a Whistle Blowing policy in place and staff spoken with confirmed their understanding of this policy. A Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

Should an accident or incident occur in the delivery of care and support in a person's home, the registered manager and director told us that staff would complete an accident and incident form. These forms are to be kept in the client's property and readily accessible to staff should they need them. In the event of an accident or incident staff would complete the form and return the completed form to the office. These were no current forms available to review at the time of this inspection, however we did see one that had been completed for a former client and appropriate action had been taken.

We looked at a sample of risk assessment documents that were in place, for example for falls, moving and handling, the use of equipment and environmental risk assessments. Once completed these would identify the most appropriate way to manage and reduce risks to the health and safety of people receiving a service and the care staff delivering a service.

We saw evidence in the service's office that the landlord of the premises had employed the services of an external company to undertake checks and maintain the fire extinguishers, fire alarm system, emergency lighting and smoke detectors to ensure the safety of the office based staff. During the course of the inspection we saw evidence that the provider was in the process of arranging for the electrical equipment in the office to have a portable appliance test (PAT) to ensure equipment was safe for staff to use.

Within the Provider Information Return (PIR) we were told that the service followed a strict recruitment process which included an enhanced Disclosure and Barring Service (DBS) check when employing new staff. At this inspection we checked to see that what the service had told us in their PIR was correct. We found that there was a staff recruitment policy in place and appropriate pre-employment checks had been completed prior to someone starting work for the service.

We looked at five staff files and saw they contained a completed application form, proof of identity and address and two written references, one of which was from the person's last employer. We saw evidence of a Disclosure and Barring Service (DBS) check. The DBS is a national agency that holds information about criminal records. Such checks help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

However we found that the interview process was not always documented and set interview questions were not always used although the director told us this was something that would be implemented to ensure a fair and open interview process.

As already stated in this report, at the time of the inspection there were no domiciliary clients receiving a service. We saw that since being registered in April 2015 the service had supported two domiciliary clients in 2016. One client was receiving a service for a period of just over three months and the other client received a service for a period of just less than two weeks. With this in mind we saw that the number of staff employed was currently appropriate should a service for domiciliary support be requested.

We spoke to a relative of a former domiciliary client who told us that staff arrived at the correct time and stayed the required length of time. They told us that on one occasion the member of care staff was fifteen minutes late but had phoned in advance to inform them they would be arriving slightly late.

We found that the service's infection control policy which provided guidance to staff on how to maintain



good infection control practices when delivering a service needed to be reviewed and updated as it made reference to the previous, now outdated National Minimum Standards. This was discussed with the registered manager and the director who updated the policy during the course of the inspection, to ensure it was reflective of current guidance. Staff had undertaken infection control training to help.

We saw that personal protective equipment (PPE) for example gloves, aprons and disposal wipes were available in the office for staff to access at any time. The use of such equipment when carrying out personal care tasks helped to ensure that people who use the service and staff were protected from the risk of cross infection.

### Our findings

We saw evidence that new staff employed undertook mandatory training that included Health and Safety, information governance, fire safety, equality and diversity, infection control, food hygiene, basic life support, moving and handling, safeguarding vulnerable adults, complaint handling and conflict management, lone worker, medication administration and epilepsy. We were told that once this mandatory training had been undertaken new staff then attended an induction day; in the service's office where they were provided with guidance on the standards of care that was expected whilst carrying out their duties. In addition we were told that staff were given copies of various policies and procedures which included personal safety, safeguarding adults, whistle blowing, incident reporting, fire safety, health and safety and confidentiality. Staff spoken with confirmed this.

Following the induction day we were told new staff then undertook a fourteen week probation period. This included a week 'shadowing'; that is they worked alongside experienced staff to gain familiarity and confidence in all aspects of their role. Following this staff would then work under the supervision of an experienced member of staff for three weeks, if deemed competent after this period the new member of staff would commence care duties unsupervised. We were told that in week five staff would have their first supervision session. However there was no documented evidence to support this. The registered manager and the director acknowledged that the whole of the induction process was not being formally recorded which meant we were unable to see evidence of a formal induction process that had been completed. In addition we were told that staff were not provided with a handbook. A staff handbook would be a good way to inform newly employed staff about the culture of the service and providing them with a clear understanding of their role and responsibilities.

We saw that staff training was recorded in individual staff files and a computerised training record captured the details of all staffs training. The registered manager told us that the overall computerised training record was checked by them or the director on a weekly basis to see if any staff required refresher training. We were told that this checking process was currently done on an informal basis but we were given assurances that following the inspection this process would be formalised. We were told and staff spoken with confirmed that if any training was required they were contacted individually informing them of the need to undertake the required training.

From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and

support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. The director told us that they were in the process of accessing the care certificate but none of the existing staff were undertaking the Care Certificate induction training. Whilst undertaking the Care Certificate is not mandatory it is considered good practice.

We saw that the service had a staff supervision policy, which stated staff should receive supervision every six to eight weeks. The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. The registered manager and the director acknowledged that this had not happened, which meant the service was in breach of their own policy and evidence could not be provided to demonstrate that staff were receiving appropriate support and guidance to enable them to fulfil their role effectively. We were told that staff were phoned on a regular basis to offer support and discuss any issue they may have but these were not being formally recorded. Staff spoken with confirmed that they had received telephone calls.

The above examples demonstrate a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decision and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorise under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. The director demonstrated an understanding of the MCA and deprivation of liberty safeguards (DoLS). We saw that MCA assessment documents were in place should they be required once the agency had developed a domiciliary client base.

During the inspection we saw that staff had not undertaken MCA training but we saw they were contacted on an individual bases, via email during the inspection, informing them of the need to complete MCA training via the online training programme as a matter of urgency.

The registered manager and the director told us that before a service was provided, they would go to the person's home and go through the proposed support plan with them and their relative, if that was appropriate to ensure they were happy with its content. We were told that consent would be obtained prior to the support plans being implemented. It was discussed with the registered manager and the director that people can only give consent for another person if they had the legal authority to do so. This meant that only people who had legal power of attorney (POA) can give consent on behalf of another person and evidence of this must be provided. A POA is a way of giving someone you trust the legal authority to make decisions on your behalf in relation to health and welfare or finances if you lack mental capacity to make decisions for yourself.

Staff spoken with demonstrated an understanding of the need to obtain consent prior to care being delivered.

The relative of a former domiciliary client confirmed that care staff asked permission before undertaking care duties.

At the time of the inspection no former domiciliary clients had received help with meal preparation or shopping. However we were told it was service they would provide if any new client required that service.



## Our findings

The relative of a former domiciliary client who we spoke with told us they thought the service was caring. They said all the care staff were very respectful and [their relative] was well cared for.

We were unable to observe care being carried out directly but staff we spoke with understood the importance of offering choice to people and told us that where possible people were encouraged to make choices around how they wanted their care to be delivered on a day to day basis.

Staff we spoke with described the importance of respecting people's privacy and dignity and were able to explain how privacy and dignity was maintained for people. For example personal care was delivered in the privacy of the person's bedroom or bathroom and staff described how they spoke with people in a dignified and respectful manner.

The registered manager and the director showed us a 'spot check' form that was in place ready to be implemented when they supplied a domiciliary care service, which included assessing that privacy and dignity was being maintained in their home.

We saw that equality and diversity was part of the mandatory training and staff had access to an equality and diversity policy.

The registered manager, the director and all the staff we spoke with demonstrated a caring and positive attitude about the people who received a service. The registered manager and director were able to give a specific example of where they had gone above and beyond to ensure the wellbeing of the client and their partner was maintained.

We saw that all records and documents were kept securely. The computers were all password protected and there were lockable filing cabinets in the office for storage of sensitive information and the office was kept locked when not in use. This ensured confidentiality of information was maintained.



## Our findings

The registered manager and the director told us that a domiciliary care service would not be provided unless an assessment of the person's individual needs had been undertaken by the service to ensure they could meet those needs. We saw a 'care needs assessment' document had been implemented in preparation for any referral requests. In addition we were told that if a referral was a local authority (LA) referral, the LA would be requested to send the details of the care package required as soon as possible to the service so they could be included in their own care needs assessment.

At the time of the inspection the service was not supporting any domiciliary clients we were therefore unable to look at any current support plans. However we saw support plan documentation had been developed in preparation to be used when they established a domiciliary client base.

We were told that a copy of the support plans would be kept in the office as well as in the person's own home.

During our inspection we reviewed the policy in relation to complaints, which was included in the service user guide.

We saw no formal complaints had been made in relation to the two former domiciliary clients. We saw that documentation had been developed for recording that the details of complaints received included the findings from the investigation process, the investigation conclusion/ outcome and any action plan produced in response. There were also details of the appeals process should the complainant not be satisfied with the initial outcome of their complaint.

The relative of a former domiciliary client who we spoke with told us they had never needed to make a complaint because they were happy with the care service received.

We saw that complaints/issues raised by Manchester City Council who the service provided care staff to had been recorded individually and we saw appropriate action had been taken in response to complaints/issues raised.



## Our findings

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since April 2015.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As already stated in this report at the time of the inspection the service was not currently providing a domiciliary care service. However they had provided a service to Manchester City Council and had provided a service to two domiciliary clients since being registered with CQC. We were told by the registered manager and the director it was their intention to further develop their domiciliary client base.

During this inspection we asked the registered manager and the director about any quality assurance processes/systems in place for monitoring the quality of the service provided.

We saw documents in place to audit complaints, care files, medication administration, accidents and incidents.

We saw there was a staff recruitment check list but there was no formal checking or audit process for the staff recruitment files to ensure all parts of the file were accurate, update and complete. We were told that the training matrix was visually checked by the registered manager or the director on a weekly basis but there was no formal checking or audit process to ensure all staff training was up to date.

As already stated in the Effective domain of this report we found shortfalls in the formal recording of the induction process, there was no staff handbook and there was no evidence that staff had received regular supervision or an annual appraisal.

There had been one allegation of abuse that CQC should have been notified about and was not, although it was sent retrospectively. By not notifying CQC of incidents such as these, there was a risk that CQC would be unable to assess if the appropriate action has been taken and the relevant people alerted. In this instance we saw that the relevant people had been alerted and the registered manager and the director understood their legal obligation to inform the Care Quality Commission of any reportable incidents that had occurred

at the service.

The internal audit and checking systems carried out by the registered manager had not identified the concerns we found during our inspection. This meant that governance systems in place were not effective.

The above examples demonstrate a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that policies and procedures were available and accessible to staff. During the inspection we saw that some of the policies and procedures required reviewing and updating as they made reference to the outdated regulations. The provider acknowledged this and they were updated during the course of the inspection to ensure staff were provided with up to date information that reflected current legislation and best practice guidance to support them in their roles.

We saw satisfaction surveys had been developed ready to send to people receiving a domiciliary service and their relatives. We were told by the registered manager and the director it was their intention to send these out on an annual basis once they had increased their domiciliary client base. We did see one completed survey from a relative of a former domiciliary client and we were told that feedback phone calls were made during the time a service was provided but these had not been formally recorded.

Staff told us that they felt supported by the management team and could speak to the registered manager, director or the office based staff at any time if they wanted to and if they had a problem out of office hours they could use the on call system.

We saw that office staff meetings were held on a quarterly basis and minutes were taken of the meeting. We were told that they did not have office based meetings for the care staff. However we saw that group e-mails and text messages were sent to communicate issues arising or information updates. Staff spoken with confirmed this and said they were happy with the arrangement.



## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a sufficient and effective system in place to regularly assess and monitor the quality of service that people received.</p> <p>Regulation 17 (1) (2) (a) )b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not fully protected against the risks of unsafe or inappropriate care because not all staff had not received all necessary direction and support to carry out their role</p> <p>The provider had failed to implement a formal induction programme that prepared staff for their role.</p> <p>Regulation 18 (2) (a)</p>